

# REQUEST FOR STUDENT RECORDS

WAIVER FOR  
REQUEST FOR STUDENT RECORDS

I, \_\_\_\_\_, do hereby authorize the disclosure and/or release of any or all of my requested records, or any part thereof to be sent to the previously named individual/organization at the address provided. This consent is given whether the said records are public, private, or confidential in nature.

I agree to indemnify and hold harmless the Commonwealth of Massachusetts, Department of Fire Services, its agents and employees from and against all claims, damages, losses, and expenses including all reasonable attorneys' fees arising out of or by reason of complying with this request.

**STUDENT SIGNATURE:**

\_\_\_\_\_

**ADDRESS:**

\_\_\_\_\_  
\_\_\_\_\_  
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